



## Kansas Prescription Monitoring Program

Kansas Board of Pharmacy  
800 SW Jackson, Room 1414  
Topeka, KS 66612  
Telephone: (785) 296-4056  
Fax: (785) 296-8420

Email: [pmpadmin@pharmacy.ks.gov](mailto:pmpadmin@pharmacy.ks.gov)

### Update K-TRACS Account Information for Data Requestor Current Users

Please use this form to update K-TRACS information as shown below:

Current Information in the K-TRACS Database:

(Please complete all fields. If something is missing we will be in contact with you.)

Full Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DEA number: \_\_\_\_\_ National Provider ID: \_\_\_\_\_

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

Employment Name: \_\_\_\_\_ Employment Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Information to be Updated:**

- ☐ I will no longer be using the K-TRACS database and would like to have my User name disabled.
- ☐ My last name has changed to: \_\_\_\_\_
- ☐ My employment info has changed to: \_\_\_\_\_  
Address of employment (full address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_
- ☐ My email address has changed to: \_\_\_\_\_
- ☐ My DEA number has changed to: \_\_\_\_\_
- ☐ My National Provider ID number has changed to: \_\_\_\_\_
- ☐ My supervisor has changed to: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_
- ☐ Other (Please explain): \_\_\_\_\_

I do solemnly swear under penalty of perjury that the information provided on this form is true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE